

Preventing Tobacco Use and Addiction

An Overview

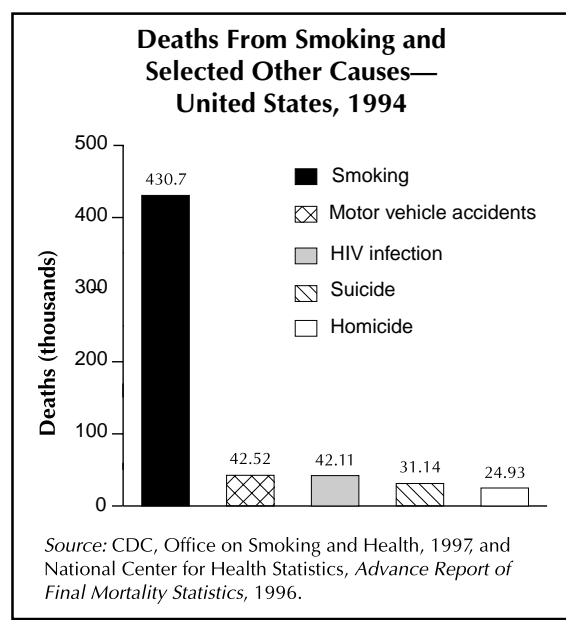
Each day, more than 3,000 young people across the United States become daily smokers. Most start this deadly habit not fully understanding that nicotine in tobacco is as addictive as heroin, cocaine, or alcohol. Most also underestimate the health consequences, even though tobacco use is the leading cause of preventable death in the United States. School programs to prevent tobacco use among young people can make a major contribution to the health of the nation, particularly when these programs are combined with community efforts.

BENEFITS OF PREVENTING TOBACCO USE AMONG YOUNG PEOPLE

- Helps prevent long-term health problems and premature death.
- Promotes optimal health and decreases school days missed because of respiratory illnesses.
- Dramatically decreases the likelihood that a young person will be a regular tobacco user as an adult.

CONSEQUENCES OF TOBACCO USE

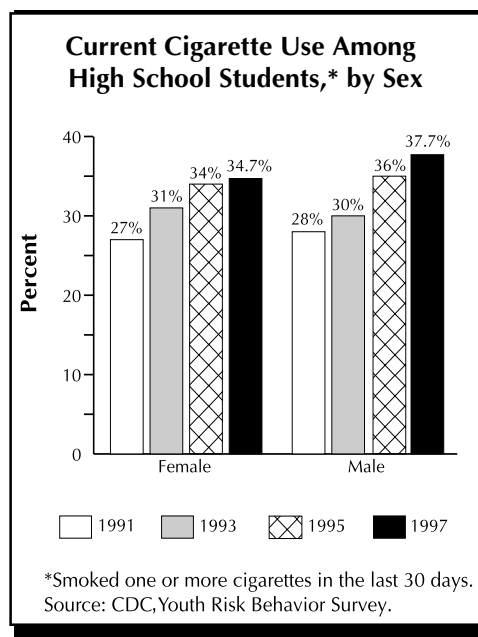
- Tobacco use causes more premature deaths in the United States than any other preventable risk. Of all people younger than age 18 years in 1995, an estimated 5 million will die prematurely from smoking-related illnesses.
- Cigarette smoking causes heart disease; stroke; chronic lung disease; and cancers of the lung, mouth, pharynx, esophagus, and bladder.
- Cigarette smoking increases coughs, shortness of breath, and respiratory illnesses; decreases physical fitness; and adversely affects blood cholesterol levels.
- Smokeless tobacco is not a safe alternative to cigarettes. Using it causes cancers of the mouth, pharynx, and esophagus; gum recession; and an increased risk for heart disease and stroke.



- Smoking cigars increases the risk of oral, laryngeal, esophageal, and lung cancers.
- Second-hand tobacco smoke can cause respiratory illness and lung cancer and can trigger asthma attacks.
- Tobacco use causes stained teeth, bad breath, and foul-smelling hair and clothes.

TOBACCO USE BY TEENS

- The rate of teen smoking is rising: 36% of high school students were current smokers in 1997, compared with 28% in 1991.
- Of high school students, 70% have tried cigarettes.
- The younger people are when they start using tobacco, the more likely they are to become strongly addicted to nicotine.
- Of persons who ever smoked daily, 89% first tried a cigarette before age 18.
- Twenty-five percent of high school students smoked a whole cigarette before age 13.
- Nine percent of high school students use smokeless (snuff or chewing) tobacco; 22% have smoked a cigar in the last 30 days.
- Three out of four teenage smokers have tried to quit at least once—but failed.



THE OPPORTUNITY

Well-designed, well-implemented school programs to prevent tobacco use and addiction

- Have proved effective in preventing tobacco use.
- Provide prevention education during the years when the risk of becoming addicted to tobacco is greatest.
- Provide a tobacco-free environment that establishes nonuse of tobacco as a norm and offers opportunities for positive role modeling.
- Can help prevent the use of other drugs, especially if the program addresses the use of these substances.

CDC's Guidelines for School Programs to Prevent Tobacco Use

CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction were designed to help achieve national health and education goals. They were developed in collaboration with experts from 29 national, federal, and voluntary agencies and are based on an extensive review of research and practice.

KEY PRINCIPLES

School programs to prevent tobacco use and addiction will be most effective if they

- Prohibit tobacco use at all school facilities and events.
- Encourage and help students and staff to quit using tobacco.
- Provide developmentally appropriate instruction in grades K–12 that addresses the social and psychological causes of tobacco use.
- Are part of a coordinated school health program through which teachers, students, families, administrators, and community leaders deliver consistent messages about tobacco use.
- Are reinforced by community-wide efforts to prevent tobacco use and addiction.

RECOMMENDATIONS

The guidelines include seven recommendations for ensuring a quality school program to prevent tobacco use.

1 Policy

Develop and enforce a school policy on tobacco use. The policy, developed in collaboration with students, parents, school staff, health professionals, and school boards, should

- Prohibit students, staff, parents, and visitors from using tobacco on school premises, in school vehicles, and at school functions.
- Prohibit tobacco advertising (e.g., on signs, T-shirts, or caps or through sponsorship of school events) in school buildings, at school functions, and in school publications.
- Require that all students receive instruction on avoiding tobacco use.
- Provide access and referral to cessation programs for students and staff.
- Help students who violate smoking policies to quit smoking rather than just punishing them.

2 Instruction

Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills. This instruction should

- Decrease the social acceptability of tobacco use and show that most young people do not smoke.

- Help students understand why young people start to use tobacco and identify more positive activities to meet their goals.
- Develop students' skills in assertiveness, goal setting, problem solving, and resisting pressure from the media and peers to use tobacco.

Programs that only discuss tobacco's harmful effects or attempt to instill fear do not prevent tobacco use.

3 Curriculum

Provide tobacco-use prevention education in grades K–12.

- This instruction should be introduced in elementary school and intensified in middle/junior high school, when students are exposed to older students who typically use tobacco at higher rates.
- Reinforcement throughout high school is essential to ensure that successes in preventing tobacco use do not dissipate over time.

4 Training

Provide program-specific training for teachers. The training should include reviewing the curriculum, modeling instructional activities, and providing opportunities to practice implementing the lessons. Well-trained peer leaders can be an important adjunct to teacher-led instruction.

5 Family Involvement

Involve parents or families in supporting school-based programs to prevent tobacco use. Schools should

- Promote discussions at home about tobacco use by assigning homework and projects that involve families.
- Encourage parents to participate in community efforts to prevent tobacco use and addiction.

6 Tobacco Cessation Efforts

Support cessation efforts among students and school staff who use tobacco. Schools should provide access to cessation programs that help students and staff stop using tobacco rather than punishing them for violating tobacco-use policies.

7 Evaluation

Assess the tobacco-use prevention program at regular intervals.

Schools can use CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* to assess whether they are providing effective policies, curricula, training, family involvement, and cessation programs.

This brochure and the complete text of CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* can be reproduced and adapted without permission. The guidelines and this brochure are on the Internet at <http://www.cdc.gov/nccdphp/dash>. Print copies are available from CDC, Division of Adolescent and School Health, ATTN: Resource Room, 4770 Buford Highway, NE, Mailstop K-32, Atlanta, GA 30341-3717; e-mail: ccdinfo@cdc.gov; phone: (770) 488-3168; fax: (888) 282-7681. CDC's Division of Adolescent and School Health also distributes guidelines for school health programs to prevent the spread of AIDS, to promote healthy eating, and to promote physical activity.